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## APPLICANTS

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\*\* CONTINUING DATA ..... *yes JAC 11/29/04*  
This appln claims benefit of 60/438,242 01/06/2003

\*\* FOREIGN APPLICATIONS ..... *none JAC 11/29/04*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
\*\* 04/09/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 5	TOTAL CLAIMS 34	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>JAC 11/29/04</i> Examiner's Signature Initials				

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## TITLE

All-purpose dispenser

FILING FEE

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511

FEES: Authority has been given in Paper  
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<input type="checkbox"/> All Fees
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